



REQUEST FOR PROPOSAL
Utah Personal Responsibility Education Program (PREP)
Fiscal Year 2014

Solicitation #: PREP2014-001

State Office: Utah Department of Health, Division of Family Health and Preparedness, Maternal and Infant Health Program

Funding Opportunity Title: Utah Personal Responsibility Education Program (PREP)

Email of Intent: Must be received by Tuesday, February 18, 2014

Due Date for Applications: Must be received by 5:00 PM on Tuesday, March 4, 2014.

Funding Notification: Applicants will be notified of funding status by Friday, March 28, 2014.

For Questions Contact: Elizabeth Gerke, MPH
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Funding made possible by:



Funding administered by:



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PURPOSE OF REQUEST FOR PROPOSAL (RFP)

The purpose of this request for proposal is to enter into a contract with a qualified agency to provide personal responsibility education (PREP) to youth in Utah. It is anticipated that this RFP may result in a contract award to a single contractor.

This RFP, having been determined to be the appropriate procurement method to provide the best value to the State, is designed to provide interested offerors with sufficient basic information to submit proposals meeting minimum requirements. It is not intended to limit a proposal's content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement.

BACKGROUND

The Utah Department of Health (UDOH) is soliciting applications for a Personal Responsibility Education Program (PREP) in the State of Utah. Funding for these programs is made possible by the U.S. Department of Health and Human Services, Administration for Children and Families. The legislative authority for this announcement is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing PREP. This funding announcement instructs applicants on how to apply for Fiscal Year 2014 funding.

Funding Purpose: Funds must be used for an evidence-based program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. Additionally, the program must incorporate three adulthood preparation subjects, which are defined later in this announcement.

Total Annual Funding Available: Approximately \$46,000. The funding will be renewable for up to 1 additional year depending on availability of federal funds and project performance. Projects will be monitored each year to determine if they are meeting goals and objectives and adhering to state and federal guidelines. The first project year is anticipated to run from 4/1/14 to 9/30/14. The project year for 2015 will run from 10/1/14 – 9/30/15.

LENGTH OF CONTRACT

The Contract resulting from this RFP will be for a period of two years.

The State of Utah reserves the right to review contract(s) on a regular basis regarding performance and cost analysis and may negotiate price and service elements during the term of the contract.

DISCUSSIONS WITH OFFERORS (ORAL PRESENTATION)

An oral presentation by an offeror to clarify a proposal may be required at the sole discretion of the State. However, the State may award a contract based on the initial proposals received without discussion with the offeror. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the offerors expense.

DETAILED SCOPE OF WORK

Target Population: Utah youth ages 14-19 with a specific focus on youth in the Utah Juvenile Justice System, youth of Hispanic origin and/or non-white race, current teen mothers, and youth residing in areas with birth rates higher than Utah's state birth rate of 22.3 births per 1,000 females, 15-19 years of age. **See Appendix A for birth rates by small areas.**

For additional data pertaining to teen pregnancy, HIV/AIDS, and STDs or to search rates by county, local health district, race, or ethnicity, refer to Utah's Indicator-Based Information System for Public Health. (Found at <http://ibis.health.utah.gov/>)

Applicants can choose which of the above mentioned focal populations they would like to target. Applicants are not required to target the full 14-19 age range, but must ensure that their targeted population falls within that range.

If providing services for youth in a Utah Juvenile Justice System program, please take note that parental consent forms will be required.

Evidence Based and Effective Program Model(s): The law states that personal responsibility education programs are required to "replicate evidence-based effective programs or substantially incorporate elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth."

Applicants are required to implement one of the following evidence-based programs:

1. All4You!
2. Becoming a Responsible Teen (BART)
3. Be Proud! Be Responsible!
4. Be Proud! Be Responsible! Be Protective!
5. ¡Cúídate!

6. Teen Health Project
7. Teen Outreach Program
8. Rikers Health Advocacy Program
9. What Could You Do?

Currently, personal responsibility education programs in the state of Utah are implementing five of these program models, including All4You!, Be Proud! Be Responsible!, Be Proud! Be Responsible! Be Protective!, Cuidate!, and Teen Health Project. **Please see the Curriculum Guide in Appendix B for additional information on specific programs.**

Adult Preparation Subjects: In addition to replicating one of the above program models, sub-awardees are required to address the following three adulthood preparation subjects:

1. **Healthy relationships**, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage (where applicable), and family interactions.
2. **Educational and career success**, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
3. **Healthy life skills**, such as goal-setting, decision making, negotiation, communication, interpersonal skills, and stress management.

If the above adult preparation subjects are not addressed in the evidence-based program you select, additional components addressing these subjects will need to be added to the program model. These additions must be medically accurate and fidelity to the original evidence-based program model is required.

An Adult Preparation Subject Resource Guide is included as a PDF attachment with this funding announcement. Please refer to this guide for tips, resources, and additional information regarding each of the adult preparation subjects. Please note that this guide includes six adult preparation subjects. Refer only to the information pertaining to the three subjects listed above.

Medical Accuracy and Program Fidelity. When a full program model is being replicated with fidelity, adaptations to the program should be minimal, such as revising details in a role play, updating outdated statistics, adjusting reading and comprehension levels, making activities more interactive, or tailoring learning activities and instructional methods to youth culture or developmental level. Any component that is modified must be well-integrated into the program and should

not alter the core components of the evidence-based program model. Programs supported with these funds must also be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. **As a condition of receiving a grant under this announcement, an applicant must certify that “all education materials that are presented as factual will be grounded in scientific research.” Applicants will agree to this by signing the coversheet found on page 18 of this funding announcement.** Proposed programs will be reviewed by the Utah Department of Health and the U.S. Department of Health and Human Services, Administration for Children and Families, to assure medical accuracy and program fidelity.

Additional Program Requirements:

1. Funded programs will be required to submit Semi-Annual Progress Reports on program activities and numbers served. To gather the necessary data for these reports, sub-awardees must administer a federally required entry and exit survey to program participants and obtain the necessary consent forms to do so. **(See PDF attachment for copies of Participant Entry & Exit Surveys).** These reports must be submitted to the Utah Department of Health by April 10 and October 10 of each funded year. Programs will also be required to submit Expenditure Report Forms on at least a quarterly basis. Additional information regarding report formats and deadlines will be provided to funded projects.
2. Content, materials and/or curricula presented in community projects funded with Utah PREP monies must be medically accurate and may not contain or promote any religious information, references, or instruction.
3. Funded projects must be formally trained in the evidence-based model they select using professional trainers who can provide follow-up technical assistance to program staff.
4. Funded projects will be required to attend at least two annual grantee meetings held at the Utah Department of Health. The first meeting will be held at the beginning of the contract period and will serve as an orientation for project staff. Requirements and expectations of the grant will be discussed. Additional meetings will be held at the UDOH on a semi-annual basis. These meetings will serve as networking and training opportunities for awardees. Additional information about each meeting will be given to awarded applicants at a later date.
5. Program staff of funded projects will be required to participate in site visits conducted two times each year by the state PREP Coordinator. The site

visits will be conducted to monitor project activities and ensure compliance with federal and state requirements, as well as to identify best practices and areas of improvement.

6. Program directors of funded projects will be required to participate in monthly conference calls with the state PREP Coordinator. The purpose of these calls is to provide program updates; discuss best practices, challenges, and needs; and to receive technical assistance.
7. Prior to the beginning of each new fiscal year, funded projects will be required to submit an updated implementation plan and budget form. Additional information regarding submission requirements and deadlines will be provided at a later date to funded projects.

Additional Budget Information:

1. **Supplanting.** Award funds may not be used to replace Federal, State, or local funds (or, where applicable, funds provided by the Bureau of Indian Affairs) that would, in the absence of this grant/contract, be available for programs to promote PREP education. Instead, awards must be used to increase the total amount of funds used to promote PREP. An award recipient may not use these grant funds to pay for programs that the recipient is already obligated to pay or has funded. Awarded funds may be used to improve an already existing project or may be used to develop new projects.

Supplanting funds will be the subject of application review, post-award monitoring, and audit. Violations can result in a range of penalties, including suspension of future funds under this program, recoupment of monies provided under this award, and civil and /or criminal penalties.

2. **Suspension or Termination of Funding.** The UDOH may suspend, in whole or in part; terminate funding for; or impose other sanction on a grant/contractor for the following reasons:
 - A. Failure to substantially comply with the requirements of Section 513 to Title V of the Social Security Act.
 - B. Failure to make satisfactory progress toward goals or objectives set forth in this application.
 - C. Failure to adhere to award agreement requirements or special conditions.
 - D. Proposing substantial plan changes that, if originally submitted, would have resulted in the application not being funded.

- E. Failure to submit reports in a timely manner.
- F. Filing a false certification in an application or other report or document.
- G. Other good cause shown.

Prior to the imposition of sanctions, the UDOH will provide reasonable notice to the awardee of its intent to impose sanction and attempt informally to resolve the problem.

PROPOSAL REQUIREMENTS

Eligible Applicants:

Local governments, public or private not-for-profit organizations, for-profit organizations, state offices and agencies, units of local government, and Indian tribal governments are encouraged to apply for contract funds. Special consideration will be given to local health departments.

Instructions for Completing the Application:

Below you will find, in list form, the proper order for the application components. Please follow this order as you complete your application. Use each of the list items as headings throughout the application. This will help the applicant, the reviewer, and Utah Department of Health staff to gain a clear picture of the proposed program. Please take note that if an application is missing any of the required items below, the application may be invalid and will be scored accordingly.

1. **Cover Sheet.** Form and Instructions found in **Appendices C and D.**
2. **Table of Contents.** Provide a table of contents that includes all of the items (1-11) listed.
3. **Description of Problem and Need.** The purpose of this section is to develop a clear and concise needs assessment of the problem the applicant will address using the award money. If the problems to be addressed are the result of several factors, these factors should be described. Briefly describe efforts of your agency or others to assess the problems. The problem should be defined by providing available data and other relevant information. The discussion may include brief descriptions of existing programs that address the problems and/or gaps therein. However, the applicant should avoid detailed descriptions of these programs. The goal is not to describe all programs, but rather to demonstrate that the applicant has assessed

how best to use the grant funds. The applicant should describe the proposed target population in detail and demonstrate how and why they were chosen. The target population should be described using the most current available data, as well as any analysis that was conducted to provide justification for inclusion of this group.

4. **Implementation Plan.** Applicants are required to develop an implementation plan based on the problem and need of the proposed focal population. The implementation plan must be provided for the period of **April 1, 2014 – September 30, 2015**. Please take note that this implementation plan covers two years of funding. The funding for both years must be expended by September 30, 2016.

The required components of the Implementation plan include:

- A. A program-specific goal(s) statement.
- B. Up to six outcome objectives that clearly state expected results or benefits of the proposed intervention and link with the goal(s) statement.
- C. Multiple process objectives related to the processes or activities of the program.
- D. Multiple steps to reach each objective.
- E. Expected outcomes of each objective.
- F. Evaluation method for each objective.
- G. Start and end dates for each objective.

Please see Appendix E for the Implementation Plan Form.

Please note that a new table should be added for each additional outcome objective.

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this document.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

- A. **Specific.** An objective is to specify one major result directly related to the program goal, state the planned action, to whom, by how much, and in what time-frame. It must specify what will be accomplished and how the accomplishment will be measured.
- B. **Measurable.** An objective must be able to describe in realistic terms the expected results and specify how these results will be measured.
- C. **Achievable.** The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- D. **Realistic.** The objective must be reasonable in nature. The specified outcomes (i.e. expected results) must be described in realistic terms.
- E. **Time-framed.** An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objectives (i.e. S.M.A.R.T. objectives related to the outcomes of the program) must be supported with several process objectives (i.e. S.M.A.R.T. objectives related to the processes or activities of the program). The goal(s) statement, outcome objectives, and process objectives should ultimately lead to the achievement of the overall program goal(s).

- 5. **Program/Curriculum Description.** This section should describe in detail how the project will be implemented to meet goals and objectives. It should do each of the following:
 - A. Identify the program model that will be implemented **(Applicants must select one of the program models listed on page 2-3 of this funding announcement)**. Discuss why this program model was selected and how it will help to meet the needs of the identified target population. Discuss plans for becoming trained in the selected program model **(be certain to allot funding in the budget section for this training)**. If adaptations to the evidence-based program are made, describe in detail these changes and provide evidence of medical accuracy for those adaptations. Examples of proof of medical accuracy can include peer reviewed publication citations, references, and copies of

additional program curricula utilized. Examples of program adaptations may include:

- 1) Adding components to address the additional adult preparation components.
- 2) Ensuring that both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections are adequately addressed.
- 3) Revising details in a role play, updating statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or developmental level. Any component that is modified must be well-integrated into the program and should not alter the core components of the evidence-based program model.

B. Specify how **each** of the three adult preparation subjects (**found on page 3 of this funding announcement**) will be addressed. List each subject in bullet form and specify under each component how it will be addressed.

6. **Project Evaluation.** The project evaluation section should describe specifically how the applicant will assess the success of project implementation and the extent to which the project is achieving its goals and objectives. Specifically describe what will be measured, the types of data that will be collected, how often data will be collected, and by whom. The applicant should also describe the type of analysis that will be done, how it will be used to make management decisions about possible changes in the project strategy, and reports or products that will be developed.

In addition, The U.S. Department of Health and Human Services (HHS) has developed performance measures that are uniformly collected across all states. Final performance measures have been distributed to all states and funded recipients are required to administer an entry and exit survey to program participants and report on these measures semi-annually. **Participant Entry & Exit Surveys are included as a PDF attachment with this announcement.**

Generally, there are four broad categories of performance measures that HHS requires all states to track:

- A. Grantee level data (e.g. amount and allocation of funding, organizational structure, staff roles and responsibilities, how programs are monitored and fidelity ensured, and training/technical assistance provided).
- B. Sub-Awardee level data (e.g. youth served, organizational structure, number of staff assisting with the program, how programs are monitored and fidelity ensured, implementation challenges, and technical assistance needs).
- C. Program level data (e.g. hours of service delivery, target population, and adult preparation subjects).
- D. Participant level data (e.g. number of youth served, demographics, and changes in behavior, knowledge, attitudes, and intentions).

Applicants should describe their capacity to collect required data and report on these performance measures.

- 7. **Organization/Agency Structure.** This section should provide an overall description and structure of the applying organization/agency. Include an organizational chart of the applicant agency and a description of how this project fits into the overall organizational structure.
- 8. **Organization/Agency Capability.** The applicant should describe the organizational experience (both programmatic and financial) that qualifies it to manage this project. The organization should specifically describe its previous history of working with youth, working with teen pregnancy prevention education or other related areas or projects, and prior grant experience. Applicants should identify and describe the qualifications, experience, roles, and responsibilities of the project director and all project staff. **Include resumes for the project director and all staff involved in the project.** Resumes should be included as application attachments and will not be counted toward the 30-page narrative limit.
- 9. **Community Partners.** Include in table form, a list of all community partners and how they will contribute to the program. Include any partner who will provide any type of support or contribution to the program. This table should be representative of community collaboration and support for the proposed program. **See Appendix F for Community Partner Form.**

10. **Budgets for Federal Funds.** Applicants are required to complete budget forms for Fiscal Year 2014 (April 1, 2014 - September 30, 2014) and provide best estimates for Fiscal Year 2015 (October 1, 2014 - September 30, 2015). **The budget forms to be used can be found in Appendices G and H.**
11. **Letters of Support.** All applicants must submit at least three letters of support. Letters should be obtained from the applicant's strongest partnering agencies and include each agency's support of the proposed program and specific contribution to the project. A letter must be included for each location where the program will be implemented (For example, schools, detention centers, community based centers, etc).

PROPOSAL EVALUATION CRITERIA

A committee will evaluate proposals against the following weighted criteria. Each area of the evaluation criteria must be addressed in detail in the proposal.

| <u>POINTS</u> | <u>EVALUATION CRITERIA</u> |
|---------------|--|
| 5 | Cover Sheet |
| 5 | Table of Contents |
| 15 | Statement of the Problem |
| 30 | Implementation Plan |
| 30 | Program Curriculum Description |
| 25 | Project Evaluation |
| 15 | Organization/Agency Structure |
| 15 | Organization/Agency Capability |
| 20 | Community Partners |
| 25 | Budgets for Federal Funds (Written summaries and budget forms) |
| 15 | Letters of Support |
| 200 | TOTAL |

All proposals in response to this RFP will be evaluated in a manner consistent with the Utah Procurement Code, rules, policies and the evaluation criteria established in the RFP.

SUBMITTING YOUR PROPOSAL

By submitting a proposal in response to this RFP, offeror is acknowledging that the requirements, scope of work, and the evaluation process, outlined in the RFP are fair, equitable, not unduly restrictive, understood and agreed to. Proposals must be received by the posted due date and time. **Proposals received after the deadline will be late and ineligible for consideration.**

Electronic proposals may require uploading of electronic attachments. A wide variety of document types may be submitted as attachments. However, the State of Utah is unable to view certain documents. Therefore, you **MAY NOT submit** documents that are **embedded (zip files), movies, wmp, and mp3 files**. All documents must be attached as separate files.

Email of Intent: An email of intent is requested by **February 18, 2014** and should be sent to Elizabeth Gerke at egerke@utah.gov. This email must contain contact information for the applicant and specify the proposed target population.

Due Date for Applications: Must be received by **5:00 PM on Tuesday, March 4, 2014.**

Funding Notification: Applicants will be notified of funding status **by Friday, March 28, 2014.**

Format Requirements: The narrative portion of the application, components 3-8 on pg. 6-10 of this funding announcement, should not exceed 30 single-sided, double-spaced pages. The narrative must be formatted to 8 ½ " x 11" (letter-size) pages with 1" or larger margins on top, bottom, and both sides, and a font size of no less than Times New Roman 12 point or Arial 10 point. All pages, charts, figures, and tables in the entire application must be numbered.

Number of Copies: The preferred method of proposal submission is electronic. However, if you choose to submit hard copies, seven identical copies of your proposal must be received either by mail or hand delivery at the Utah Department of Health, Cannon Health Building.

Submission by Email: If submitting electronically by email, the entire application with electronic signatures must be included as one attached document. If unable to email the entire application in one attached document, applicants should submit by mail or hand deliver. Email to Elizabeth Gerke at egerke@utah.gov.

Submission by Mail:

Attn: Elizabeth Gerke
Utah Department of Health
Maternal & Infant Health Program
P.O. Box 142001
Salt Lake City, UT 84114-2001

Submission by Hand Delivery: Attn: Elizabeth Gerke
Utah Department of Health
Cannon Health Building
288 North 1460 West
Salt Lake City, UT 84116

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Appendix A

Utah Teen Birthrate per 1,000 Females Age 15-19 By Utah Small Areas 2-Year Average 2011-2012

| Location | Rate |
|--|--------------|
| Glendale | 72.19 |
| South Salt Lake | 65.76 |
| Rose Park | 59.77 |
| Midvale | 55.70 |
| West Valley (East) | 55.42 |
| Kearns | 52.78 |
| Tri-County | 49.36 |
| Ogden (Downtown) | 47.58 |
| West Valley (West) | 45.63 |
| Ben Lomond | 41.35 |
| Magna | 38.64 |
| Grand/San Juan Counties | 35.96 |
| South Ogden | 34.51 |
| Carbon/Emery Counties | 34.26 |
| Tooele County | 33.59 |
| Taylorsville (East)/Murray (West) | 33.05 |
| Sevier/Piute/Wayne Counties | 32.49 |
| Murray | 31.75 |
| Clearfield/Hill AFB | 31.21 |
| West Jordan (North East) | 30.77 |
| Southwest Local Health District | 30.17 |
| Utah County (South) | 30.09 |
| Box Elder County (Other) | 28.13 |
| Roy/Hooper | 28.12 |
| Orem (North) | 27.12 |
| Brigham City | 26.36 |
| Taylorsville (West) | 25.25 |
| Riverdale | 24.76 |
| West Jordan (South East) | 24.50 |
| Provo (South) | 22.53 |
| State of Utah* | 22.30 |
| Juan/Millard/Sanpete Counties | 21.95 |
| Layton | 21.80 |
| Woods Cross/North Salt Lake | 21.20 |
| Wasatch County | 20.77 |
| Logan | 19.88 |
| Cedar City | 19.82 |
| St. George | 19.79 |
| Sandy (Center) | 19.28 |
| West Jordan (West)/Copperton | 17.85 |
| Washington County (Other) | 17.54 |
| Lehi/Cedar Valley | 17.42 |
| Cache County (Other)/Rich County (All) | 17.19 |
| Springville/Spanish Fork | 16.02 |
| Summit County | 13.97 |

| | |
|---|-------|
| SLC (Downtown) | 13.26 |
| Bountiful | 12.71 |
| Orem (East) | 12.67 |
| Holladay | 12.03 |
| Pleasant Grove/Lindon | 11.50 |
| Millcreek | 11.24 |
| Syracuse/Kaysville | 10.63 |
| Riverton/Draper | 10.61 |
| South Jordan | 10.53 |
| Farmington/Centerville | 10.38 |
| American Fork/Alpine | 9.97 |
| Morgan County (All)/Weber County (East) | 9.72 |
| Cottonwood | 8.97 |
| Orem (East) | 8.95 |
| Sandy (North East) | 8.03 |
| Avenues | 6.72 |
| Sandy (South East) | 5.12 |
| Provo (North)/BYU | 3.26 |
| SLC (Foothill/U of U) | 2.64 |

*2012 Birth Rate

Data Source:

- Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health Web site (IBIS). <http://ibis.health.utah.gov>

Appendix B
Curriculum Guide

| Program Model | Clinic-based | Community-based | Youth Development | Age | Special Population | Link for Additional Background/Program Information | Link for Purchasing Information |
|--|---------------------|------------------------|--------------------------|------------|----------------------------------|---|---|
| All4You! | | X | | 14-18 | Alternative Schools | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/all_4_you.pdf | http://pub.etr.org/productdetails.aspx?id=100000125&itemno=A060 |
| Becoming a Responsible Teen (BART) | | X | | 14-18 | | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/becoming_a_responsible_teen.pdf | http://pub.etr.org/ProductDetails.aspx?id=100000005&itemno=Z003 |
| Be Proud! Be Responsible! | | X | | 13-18 | | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/be_proud_responsible.pdf | http://www.selectmedia.org/programs/ |
| Be Proud! Be Responsible! Be Protective! | | X | | 12-18 | Pregnant & Parenting Teens | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/be_proud_responsible_protective.pdf | http://www.selectmedia.org/programs/protective.html |
| Cuidate! | | X | | 13-18 | Hispanic Youth | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/cuidate.pdf | http://www.selectmedia.org/programs/cuidate.html |
| Rikers Health Advocacy Program | | X | | 16-19 | Youth in Correctional Facilities | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/rikers_health_advocacy.pdf | http://www.socio.com/passt10.php |

| | | | | | | | |
|------------------------------|---|---|---|-------|--------------------------------|---|---|
| Teen Health Project | | X | | 12-17 | Low Income | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/teen_health_project.pdf | http://www.socio.com/pasha.php |
| Teen Outreach Program | | X | X | 12-17 | | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/teen_outreach_program.pdf | http://wymancenter.org/nationalnetwork/top/ |
| What Could You Do? | X | X | | 14-18 | Sexually-Active Females | http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/what_could_you_do.pdf | http://www.whatcouldyoudo.org/ |

Appendix C

**APPLICATION FOR UTAH
PERSONAL RESPONSIBILITY EDUCATION PROGRAM FUNDS
FISCAL YEAR 2014 COVER SHEET**

| | | | | | |
|--|---|-------------------------------|---------------------------|---------------|---------------|
| 1. Applicant Agency Name, Mailing Address, Phone and Fax: | 2. Name, Telephone, and E-mail of Contact Person: | | | | |
| 3. Project & Curriculum Title: | 4. Targeted Population: | | | | |
| 5. Geographical Area Covered: (check one) <input type="checkbox"/> State <input type="checkbox"/> County (Specify) _____ <input type="checkbox"/> City (Specify) _____ <input type="checkbox"/> Other (Specify) _____ | 6. Type of Implementing Agency: <input type="checkbox"/> Public Non-Profit <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Governmental Agency (schools, local health depts.) <input type="checkbox"/> Native American Tribe <input type="checkbox"/> Other _____ | | | | |
| 7. Federal Tax Identification Number: | | | | | |
| 8. Annual Funding Amount Requested: Budget Form 1 Amount: _____ Budget Form 2 Amount: _____ | | | | | |
| 9. Official Authorized to Sign: | 10. Program Director: | | | | |
| 11. Medical Accuracy: By signing this application cover letter, the _____ provides assurance that the materials proposed in this application are medically accurate. | | | | | |
| 12. Signatures <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">_____ Authorizing Official</td><td style="width: 50%; border: none;">_____ Program Director</td></tr><tr><td style="width: 50%; border: none;">_____ Date</td><td style="width: 50%; border: none;">_____ Date</td></tr></table> | | _____ Authorizing Official | _____ Program Director | _____ Date | _____ Date |
| _____ Authorizing Official | _____ Program Director | | | | |
| _____ Date | _____ Date | | | | |

Appendix D

INSTRUCTIONS FOR COVER SHEET Application for PREP

1. Applicant Agency's name, mailing address (including zip code), telephone number, and fax number.
2. Name, telephone number, and e-mail address of the person to be contacted on matters involving this application.
3. Indicate the project's title or name AND the evidence-based curriculum chosen.
4. Indicate the exact targeted population.
5. Check and list the primary geographical area the project will serve.
6. Contractor is (check one): a. public non-profit agency, b. private non-profit agency, c. government agency, d. Indian tribe or tribal organization, other.
7. List your agency's Federal tax identification number.
8. Indicate the amount of annual funds being requested on Budget Form 1 and Budget Form 2.
9. Type the full name and title of the official authorized to approve grants/contracts and awards for the agency.
10. Type the full name of the program director that will have day-to-day responsibility for this award program. Include the director's telephone number and e-mail address if they are different than those listed in box 1.
11. This is an assurance for medical accuracy. Please insert the applicant's organization/program name. Please see pg. 3-4 of this funding announcement for a definition of medical accuracy.
12. Signatures of the persons named in box #10 and #11. Please include the date signatures were obtained.

Appendix E

**Implementation Plan Form
April 1, 2014 – September 30, 2015**

a. Program Goal Statement:

| b. <u>Outcome Objective #1:</u> | | | | | |
|--|----------------------------|----------------------------|---|--------------------------|---------------------|
| c. Process Objectives | d. Activities/Steps | e. Expected Outcome | f. Tracking/ Evaluation Method | g. Start Date | End Date |
| | | | | | |
| | | | | | |
| | | | | | |
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Appendix F

Community Partner Form

| Community Partner | Description of Support/Involvement in Project |
|--------------------------|--|
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Appendix G

**Utah Personal Responsibility Education Program
Fiscal Year 2014 - Budget Form 1**

(Budget Period: April1, 2014 – September 30, 2014)

| Categories of Funding: | Justification: | Award Funding Amount: |
|-------------------------------|--|------------------------------|
| Personnel | Itemize each individual for whom award monies will support. Note the % of time spent on the Project as a % of FTE's for each employee. <u>Salaries:</u> | \$ |
| Fringe Benefits | Can combine all staff. Note the % used to calculate fringe. | \$ |
| Indirect Costs | Limited to no more than 12.1% of salary and fringe benefits. | \$ |
| Travel | | \$ |
| Equipment | | \$ |
| Supplies | | \$ |
| Contractual | | \$ |
| Other | | \$ |
| TOTAL | | \$ |

Appendix H

**Utah Personal Responsibility Education Program
Fiscal Year 2015 - Budget Form 2**

(Budget Period: October 1, 2014 – September 30, 2015)

| Categories of Funding: | Justification: | Award Funding Amount: |
|-------------------------------|--|------------------------------|
| Personnel | Itemize each individual for whom award monies will support. Note the % of time spent on the Project as a % of FTE's for each employee. <u>Salaries:</u> | \$ |
| Fringe Benefits | Can combine all staff. Note the % used to calculate fringe. | \$ |
| Indirect Costs | Limited to no more than 12.1% of salary and fringe benefits. | \$ |
| Travel | | \$ |
| Equipment | | \$ |
| Supplies | | \$ |
| Contractual | | \$ |
| Other | | \$ |
| TOTAL | | \$ |